PTO/SB/06 (08-03) Approved for use through 7/31/2006. OMB 0651-0032

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-		stitute for Form	F10-013			09	6763	7
	CLAIMS AS FILED - PART I (Column 1) (Column 2)				ENTITY	OR		R THAN ENTITY
FOR	NUMBER FIL	LED NU	MBER EXTRA	RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))					s	OR		s
TOTAL CLAIMS (37 CFR 1.16(c))	min	us 20 = •		x s =	,	OR	x s =	
INDEPENDENT CLAIM	ıs				<u> </u>	i		
(37 CFR 1.16(b))	min	us 3 = *		x s=		OR	× \$=	
MULTIPLE DEPENDEN	NT CLAIM PRESENT	(37 CFR 1.16(d)))	+ 5=		OR	+ \$=	
* If the difference in α	* If the difference in column 1 is less than zero, enter *0* in column 2.					OR	TOTAL	
CL	AIMS AS AMEND	ED – PART II						
5-205	(Column 1)	(Column	2) (Column 3)	SMALL E	ENTITY	OR	OTHER SMALL	
Ψ L	CLAIMS REMAINING AFTER	HIGHEST NUMBER PREVIOUS	PRESENT LY EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
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FIRST PRESENTA	ATION OF MULTIPLE DEP	PENDENT CLAIM (3	7 CFR 1.16(d))	+\$_=		OR	+ \$=	
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	(Column 1)	(Column	2) (Column 3)			_		
8 5	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUS PAID FOR	PRESENT LY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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NT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUS PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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Z Independent	• Mir	nus ***	=	x s///		OR	x \$ 200	
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1 1						l	TOTAL	

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the

USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.